

**THE FEAR OF DEATH**

**BY E. L. KEYES, M.D.**

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Dr. A. J. Cabot

With regards of  
the Author  
Dr. Hayes











## **THE FEAR OF DEATH**

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THE  
FEAR OF DEATH

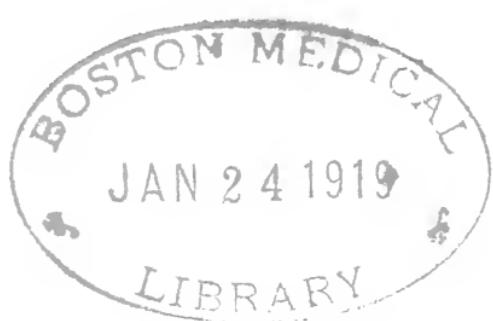
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*e*  
E. L. Keyes, M.D.



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ALL who know Dr. Keyes will readily understand that the considerations of modesty which doubtless have dissuaded him from reprinting the following article, published in the July number, 1909, of *Harper's Magazine*, might have made him unwilling even to consent that this be done by others. Without his knowledge, therefore, I have ventured to have it put into appropriate book-form, as a birthday gift to him, so that his many devoted friends and admirers may be enabled to preserve, among the volumes worthy of a place on the library shelf, this finished production of the physician and the scholar.

J. S. A.

August 28th, 1910.

J. S. Auerbach.





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“ The knell, the shroud, the mattock and the grave,  
The deep, damp vault, the darkness and the worm.”

SURELY an unlovely contemplation; but is the actuality itself so desperate? I shall endeavour to show that it is not, aided by some observations selected from a professional experience covering nearly half a century.

Primarily, one may ask, is the fear of death a constant fact? Probably it exists to a considerable extent among adults. But is it of all mankind generally true that, “He that cuts off twenty years of life, cuts off so many years of fearing death”?

A drowning man will catch at a straw. One who jumps into the

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water with the motive of self-destruction, when in face of the ultimate fact, will very often accept means of escape. The instinct of self-preservation is implanted in us by nature, and is shared to a greater or less extent by all living creatures.

But the fear of death is another matter, and is probably not a natural law, but an acquired peculiarity. Insects and animals do not seem to possess it—although they all commonly struggle to escape disagreeable predicaments and to save their physical structure when its integrity is threatened.

Yet very many intelligent human beings shrink from the idea of death, prefer not to talk about it except in a general way, and experience uncomfortable sensations when in its visible presence.

This fear is physical. It is not in its essence moral; nor is it intellec-

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tual, and it has nothing directly to do with one's solicitude as to the future condition of the departed, or with pity as to the distress his demise may have occasioned to others left behind.

The fear of death is and always has been very easily dominated by strong emotions. Military valour, religious zeal, the exalted tension of pride or duty or affection, easily lead men of the soundest disposition to wholly disregard death and everything pertaining to it; while the innumerable motives—jealousy, pique, anger, disappointment, sorrow, sickness, distress of any sort, pecuniary loss, disgrace, and a thousand others that lead to suicide—indicate into what contempt the act of death may be thrown by other even trivial emotions.

At Ceos, an island in the *Ægean Sea*, it appears there was a law at one

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time obliging all the inhabitants over sixty to end their lives by drinking poppy or hemlock juice; but the law was not enforced except in periods of prospective famine; and of this act *Aelian* records that the antiquated Cœans, bedecked with wreaths, collected together and drank hemlock with joy to put an end to an existence that could no longer be of any benefit to the state.

This age of sixty, then, appears to have been early recognised as a point at which one might be justified in making his *quietus*—and that, too, before the discovery of chloroform.

The ancient prevalence of *hara-kiri* in Japan, when sometimes all the followers of a Daimio slaughtered themselves as a matter of course upon the death of their chief, would seem to indicate a very moderate fear of death in that nation, although

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here the stronger emotions of pride, sense of personal honour, disgrace if the act be not performed, are involved; and the fact that the suttee in India is only restrained by the strong, overshadowing arm of England is another like indication.

It may be, then, that our own intensified physical horror of death is the inherited product of centuries of religious teaching, and that in its roots it has essentially a moral basis.

But it is as natural to die as it is to live—and as easy. Practically all the distress witnessed as taking place in the act of dying is the automatic tissue struggle against dissolution, and is not recognised by the individual who seems to be acutely suffering. Occasionally in the delirium of fever, in uræmia and other intoxications, in certain of the brain degenerations witnessed in old age, there is an exhilaration or happy,

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peaceful calm that pervades the final scene.

I remember one dear lady, a Swedenborgian, who believed that after death one would follow the occupation that had been most congenial in the present life. This lady was especially fond of babies, fondling them and giving them personal care. When she came to die, of a lingering, most painful illness—at the final moment a beatific smile pervaded her countenance, she beamed in gentle ecstasy, and murmured, “Now I see the heavenly light; I see a baby.”

Yet Nature is not often so lavish with her kindness. Usually everything is dulled, blunted, so that at the border line between life and death it is often difficult, even impossible for a certain time, to say whether the soul has fled or not. It was long debated in medical circles whether or

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not there was a reliable test for death. Indeed, the tissues always survive the departure of the vital spark for a longer or shorter time. A muscle will contract to the electric current for a considerable time after the eye is dull, the intellect a closed book, the soul on its way. The hair grows palpably after death.

Of course there are some exceptions, and once in a while, so I read and so I am told, some one dies really in conscious terror and protest; but I have not seen such a taking off, and I can state candidly that of the many scores of deaths that I have witnessed, in hospital and out, among the very poor and very wealthy, the young and the old, the pious and the blasphemer, some of which have been very painful to behold, in nearly all of them the main actor at the last moment was not conscious of what was going on. The occasional ex-

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amples of conscious cheerfulness are the exception, and still more so instances of terminal torture.

One morning I was urgently summoned to call at a neighbour's, the message being that the master of the house had been found dead in bed. He had been well as usual on retiring the night before. In the early morning a maid-servant about the house had seen him leave his room to enter the bath-room. As he did not come to breakfast, he was supposed to be sleeping. Later on, the household becoming uneasy, some one entered his room, and found the old gentleman dead, wreathed in smiles.

A post-mortem examination disclosed a small puncture like a pin-prick in the thin, degenerate wall of the main artery just as it left the heart. This puncture lay within the pericardial sac—the fibrous membrane that holds the heart as in a bag; and

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so the method of death became evident. With each pulse-beat there had been forced out into the pericardial sac through the pin-prick hole a few drops of blood, and the gradual accumulation of this blood slowly but relentlessly pressed upon the heart, until that great hollow muscle was painlessly crushed out of function. What could be more gracious than such a death? And yet this old gentleman may have spent many hours of his more than eighty years of life in vague contemplative terror of the onslaught of the dread destroyer.

A most zealously pious individual, perfectly sure of his soul's salvation, often shrinks from the contemplation of dissolution as strenuously as the hardened sinner indifferent to his soul's welfare, perhaps stoically accepting his possibility of infinite damnation with a supercilious smile.

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And yet, practically, we are all to ourselves immortal. We must all die, we know it and we say it—but not just yet; and, as a general rule, I believe, the “just yet” does not come to us ever, during consciousness, for we always have hope; therefore, in very fact, we are immortal.

I well remember a kind-hearted old gentleman who for years had this mortal terror of death. After a slight apoplexy, which destroyed the vision in one eye, he became practically bedridden. He was obliged to receive constant attention from a trained nurse; he had to be fed, he saw no one—yet he told me that even in that condition he would be willing to live on forever.

On the other hand, I recall a case exactly the reverse. This also was an old gentleman, a lawyer of great prominence. On an occasion, being very ill, he entertained me night

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after night at length with most philosophic crystallisations of thought relative to life and its terminations, but did not directly allude to his own approaching dissolution, which seemed imminent and which he plainly contemplated. He recovered, and grew old in sections, as it were. Soft cataract occurred in both his eyes, so that reading, his main source of comfort, was denied him; yet his cataracts could not be removed. His legs failed him, so that he constantly stumbled going about the house, but, being of an imperious nature, he would not accept the services of a constant attendant. He became restless and could not sleep. His stomach gave out and he could not eat—nor did he have any desire to eat. Other functions faltered, making life a burden.

In this condition one day he said to me: "Doctor, I shall continue to

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lie here on my bed because I am too weak to stand. I shall take sips of water and eat fragments of cracked ice because I am thirsty; but I shall take no more food unless I become hungry. I am not now hungry and see no reason why I should eat food. If by taking food and stimulants I could gain strength enough to get out of this bed, what would be the advantage? I could not walk about without stumbling; I could not digest my food; I could not see to read. I should be nursing a vegetable existence."

I tried to persuade him to take a brighter view of the situation, but in vain. Finally I said to him, "Well, if I order you any prescription will you take it?" He deliberated a moment, and then with a gentle but serious smile replied: "Doctor, if you will assure me that what you are about to ask me to do will *not* prolong life, I shall do it."

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People who are ill, seriously ill, do not, as a rule, ask whether they may expect to die or not. In light illnesses they do ask, tempestuously, sometimes hysterically; but not when the real crisis is imminent. Then they do not in words approach the real issue. There are exceptions to this, as well as to all rules, among which the most notable that I have encountered was that of a certain distinguished statesman. His mind was singularly clear, his emotions, on the whole, secondary. His last illness was quite prolonged, and his final sinking away gradual, without pain. Perhaps a day before his death I examined him carefully, as was my custom, finding the usual evidences of slowly ebbing vitality. He had not spoken or taken food for a day or more, and during this period I examined him many times, saying nothing, and he being, as it seemed,

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absolutely torpid, making no motion, evidencing no sensibility; but manifestly his keen mind had been alert to what had been going on, and in seeming jocose reproof at the inefficiency of result of my repeated examinations, he smiled feebly without opening his eyes and remarked, in a pleasant voice, "Well, doctor, am I officially dead yet?" He never spoke again in my hearing; but surely here was no struggle, no regret.

In sickness it is the common rule for whatever dread or terror or horror of death there may be to expend itself during the earlier stages of the malady, and when the real termination is at hand the sensibilities and the senses are so obtunded by kindly nature that one sinks to rest as in going to sleep.

If there be convulsive seizures they are fearful to behold; but when such patients, instead of dying in

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their convulsions, recover, they have no memory of the seizure; therefore, surely the one who dies has none. The final agony, as it is called, the gasping, contractile muscular spasm, like a shudder, that so often accompanies the last breath—these things are reflexes in a physical way, and do not mean any struggle or resistance or any consciousness of pain or discomfort. The same may be said of the mucous rattling in the throat and the seemingly painful and laboured breathing of the final ending. Those who have had this stress and have recovered have no memory of what seemed to be a painful struggle. Therefore, I believe it to be more than probable that the final act of dying is as simple and as painless as going to sleep—and practically we all die daily, without knowing it, when we go to sleep for the night.

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Many wish for death; either to escape prolonged physical suffering or, more often, to get rid of mental distress of one sort or another. To bear with the latter calls for moral more than physical courage. The suicide is judged harshly by the sound mind.

“When all the blandishments of life are gone,

The coward sneaks to death, the brave live on.”

The advocacy of the propriety of suicide, although sustained with serious argument by the Stoics, the Epicureans, the Cynics—by most of the philosophers—was, after all, a material and heathen contention. The axiom, *Mori licet cui vivere non placeat*, has been repudiated alike by the Christian religion, by modern society, and by common sense. A self-respecting character accepts life

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as a trust to be made the best of and to be rendered up without personal co-operation, just as it was received without personal solicitation. This contention has always been sustained by the Christian Church, and St. Augustine, in the *City of God*, argued against the Stoical pretension that reason made man the arbiter of his own life, and that man was superior to the gods in that he could rid himself of his life, which the gods could not. For the Stoics maintained that earthly ills—pain, misery, distress, age, etc.—were reasons making suicide justifiable; but St. Augustine answered that a philosophy which teaches man to ignore complacently the ills of the flesh cannot consistently at the same time justify him in taking his own life to escape these same ills.

But the desire for death, either by the sound or unsound mind, is apart

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from this investigation. The present point is, is death itself the horrible thing that so many believe it to be?

A woman leaps shrieking from an upper window and is impaled upon an iron picket fence. Lifted off, she groans and writhes in agony, and presently dies in torture and distress. The sympathetic spectators sigh with relief, look at one another anxiously, and exclaim: "What a horrible death! She died in torture."

And so she did. She died in torture—perhaps, also, she died in a silk dress, but not of it; she died of shock, or hemorrhage, or because some important vital organ was thrown out of function—and not one of these three things is in itself painful.

This woman might have made the same leap with the same shrieks and been impaled in a manner as painful,

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entailing all the agony and all the writhing, all the distress, and yet, not having injured a vital organ, not having had a sufficient shock, not having lacerated an important blood-vessel, she might very well recover.

On the other hand, by the same fall, without the shrieks, she might have struck upon her head, broken her neck, and died without any knowledge of having been hurt or injured in any way.

A personal incident demonstrates this assertion to me satisfactorily. One day in March my horse was brought to the door. I mounted, noticing that the asphalt pavement was swept to glittering brightness by the wind. Presently I became conscious of riding quietly along the road more than a mile from home, but felt uncomfortable about the head. Removal of my hat showed that it was broken and dirty and dis-

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closed the fact that the scalp was matted with blood. The clothing also upon that side showed evidence of having touched the ground.

I asked a policeman if I had fallen from the horse. He grinned assent, manifestly believing me to be tipsy. I turned quietly homeward and entered the stable. The floorman there said to me, "I hear that you have had a bad fall, sir." I sent for the groom who had carried this report to the stable. He affirmed that, having brought around the horse, I had mounted. The horse had started off and immediately gone down upon the slippery pavement, landing me squarely on my head. The horse went up the street, but turned presently, was caught and led back. The groom and another thought I had been killed, as I was unconscious for a moment, but presently I revived, and, in spite of their expostula-

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tions, insisted, rather incoherently, that, having come out to ride, ride I would, so they helped me mount and I trotted quietly up the road.

I was absolutely unaware of any of these happenings, and to this day have no recollection of any pain or discomfort at the time, or even of having fallen at all, and I must have been knocked out for many minutes to have covered the ground to the spot where consciousness returned. The lump and the wound upon the head, lasting many days, were ample proof that something had happened; yet if I had never recovered consciousness after the fall death would have been absolutely painless and non-terrible.

In short, it seems to me that all physical trouble or distress occurs before death, and does not cause death, although it may be a symptom of the thing that really does cause

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death; and that death finally in itself is a kindly phenomenon.

It is surely so in illness. We suffer the agony of peritonitis, but the agony does not kill. It is the painless sepsis that does the work. We writhe in the torture of renal colic, but it is the possible kidney suppression and consequent intoxication and other complications that interest the surgeon, not the pain. The distress during breathing is worse in asthma than that experienced in pneumonia —pneumonia that has been justly called “the old man’s friend.” Indeed, in any malady, as a rule, all pain and distress have usually terminated some time before death, which in itself is finally painless.

It would seem natural to expect that advancing age, fully aware of failing function and progressively diminishing vigour, would welcome prospective death, or at least accept

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it with greater complacency than would be the case with rank and vigorous youth, glowing in the consciousness of untrammelled physical capacity.

“ Youth with its sunlit, passionate eyes,  
Its roseate velvety skin.”

But this does not seem to be the fact.

Children, of course, in their innocent ignorance, look upon death in curious wonderment. The healthy youth and vigorous man, unless during a temporary lapse into emotional morbidness or hysterical despondency, consider the event so remote as not to be worthy of present action; but old age, jealous of escaping opportunity, desires to hoard the slippery years, and shrinks from contemplating the inevitable.

And yet youth is long and age is short. Ennui is frequent in the former, time lags, the years teem unending

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in spite of the multiplicity of joyous incident. In age the galloping years hardly give us time to read the numbers on the mile-posts. Happily so; how dreadful it would be were it reversed, if youth should gallop, and creeping, creaking age prolong itself with interminable ennui! Campbell puts it aptly:

“Heaven gives our years of fading strength  
Indemnifying fleetness,  
And those of youth a seeming length  
Proportioned to their sweetness.”

And yet we well know that no one may be called happy until he is dead. The dread possibilities of failure and disgrace are often suspended over gray hairs and only fail to fall on account of the timely intervention of death.

How many tendencies to evil—more especially moral failings curbed during the forceful period of robust

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manhood—assert their supremacy later on and bring down to disgrace a life history that would have sparkled with credit if only a timely death had intervened to prevent the babbling inefficiency of dotage: for truly there is nothing so undignified, so paltry, so unworthy, as the vapid foolishness of very advanced age, even if it be not vicious.

Therefore, after life has achieved something, death should be looked upon as a welcome visitor, a kindly friend.

The motto chosen by John Fiske to adorn his library inculcates admirably a well-recognised point of view:

*“Disce ut semper victurus;  
Vive ut cras moriturus.”*

Continue to learn as though you were to live forever; direct your life as if you expected to die to-morrow.

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Following this maxim death becomes an incident in life as acceptable as birth.

“Death is the crown of life.

Were death denied, poor man would live in vain.

Were death denied, to live would not be life.

Were death denied, e'en fools would wish to die.”















